Los Angeles County Medical and Health Operational Area Coordination Plan

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Cathy Chidester
EMS Agency Director
Medical and Health Operational Area Coordinator

The Los Angeles County Medical and Health Operational Area Coordination (MHOAC) Plan has been approved by the various departments representing the MHOAC group. Development of this plan was a collaborative effort with contributions from the following individuals:

Roel Amara
Assistant Director
Los Angeles County EMS Agency

Dee Ann Bagwell
Senior Staff Analyst
Los Angeles County DPH

Michael Contreras
Disaster Services Specialist
Los Angeles County DPH

James Crabtree
Senior Nursing Instructor
Los Angeles County EMS Agency

Terry Crammer
Chief Disaster Services
Los Angeles County EMS Agency

Brandon Dean
Community Planning Manager
Los Angeles County DPH

James Eads
Chief Disaster Response
Los Angeles County EMS Agency

Kay Fruhwirth
Assistant Director
Los Angeles County EMS Agency

Gabriela Hurtado
MCM Coordinator
Long Beach Department of Health and Human Services

Adrienne Kim
PHEP Coordinator
Pasadena Public Health Department

Michael Noone
RDMHS
Region 1

John Opalski
Sr. Disaster Services Analyst
Los Angeles County EMS Agency

Ashu Palta
Emergency Program Manager
Los Angeles County OEM

John Quiroz
Nurse Manager
Los Angeles County EMS Agency

Laura Relph
Sr. Disaster Services Analyst
Los Angeles County DMH

Sandra Shields
Sr. Disaster Services Analyst
Los Angeles County DMH

Darren Verrette
Disaster Services Analyst
Los Angeles County EMS Agency

Sandy Wedgeworth
PHEM Director
Long Beach Department of Health and Human Services

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1.0 Purpose

The purpose of this plan is to provide guidance for the duties and responsibilities of designated staff that function under the Medical and Health Operational Area Coordination Program (MHOAC). Duties and responsibilities include:

- Establishing early situational awareness or surveillance for suspect incidents.
- Identifying and establishing trigger points and thresholds for specific events/incidents.
- Identifying and notifying sections or individuals responsible for incident types.
- Establishing and maintaining coordination and communication for system participants.

The intent of this plan is to provide guidance and reference material to the Emergency Medical Service (EMS) Agency, Department of Public Health (DPH) and Department of Mental Health (DMH) Duty Officers (DOs) and the Operational Area (OA) for initial response to incidents that may require MHOAC activation and coordination. It is not designed to be comprehensive, exhaustive nor to replace critical thinking.

1.1 Authority

The MHOAC Program is based on the activities described in the California Health and Safety Code, Division 2.5 Emergency Medical Services, Section §1797.153.

The California Public Health and Medical Emergency Operations Manual (EOM) adopted in July 2011 by the California Department of Public Health (CDPH) and Emergency Medical Services Authority (EMSA) references the California Health and Safety Code, Section §1797.153, which states that:

In each operational area, the county health officer and the local emergency medical services agency administrator may act jointly as the medical and health operational area coordinator (MHOAC). If the county health officer and the local EMS agency administrator are unable to fulfill the duties, they may jointly appoint another individual to fulfill the responsibilities of the MHOAC.

Included below are full-text authorities and references utilized within this Plan:

California Health and Safety Code Section 1797.150-1797.153

California Public Health and Medical Emergency Operations Manual

Authority and Responsibility of Local Health Officers in Emergencies and Disasters

California Medical Mutual Aid Plan

California Disaster and Civil Defense Master Mutual Aid Agreement

California Emergency Services Act

1.2 MHOAC Program Duties and Responsibilities

The MHOAC Program is responsible for assessing the need for medical and health resources and commodities within the OA. Then requesting and coordinating whatever support is required through the Regional Disaster Medical and Health Coordinator / Specialist (RDMHC/S) and the Regional Emergency Operations Center (REOC). The MHOAC Program (via the RDMHC/S) is responsible for coordination with other MHOAC Programs in the Mutual Aid Region. The program will maintain databases of Public Health, Mental Health, medical and EMS resources, including equipment, supplies, personnel and facilities, within the OA.

Additionally, the California Health and Safety Code (Section 1797.153) directs that a MHOAC program shall:

1. Recommend to the operational area coordinator of the Office of Emergency Management (OEM) a medical and health disaster plan for the provision of medical and health mutual aid within the OA;

2. Include preparedness, response, mitigation and recovery functions consistent with the State Emergency Plan, as established under Sections 8559 and 8560 of the Government Code; and,

3. At a minimum, develop a medical and health disaster plan to include relevant policies and procedures with its partners that include all the following 17 functions, as listed on the next page.

Additionally, the MHOAC Program is responsible for:

- Ensuring a system (plan) for management of the Medical and Health Branch (M/HB)

- The M/HB of the County Emergency Operations Center (CEOC), including staffing the M/HB of the CEOC (see section 2.2 County Emergency Operations Center for additional details).

- Identifying resources and coordinating the procurement and allocation of public and private medical, health, and other resources required to support disaster medical and health operations in affected areas.

- Communicating the medical and health status and needs within and outside of the OA to local, regional, and state governmental agencies and officials, and to hospital and medical entities and providers.

- Participating in periodic training and exercises to test plans, policies, procedures and structures for the activation and implementation of the disaster medical and health response system.

- Contacting the RDMHC/S to obtain mutual aid support for other OAs within the region or from state/federal resources if the MHOAC's OA is unable to meet needs from within the OA.

In the event of an emergency, the MHOAC shall assist the CEOC in the coordination of medical and health disaster resources within the OA and be the point of contact (POC) in the OA, for coordination with the RDMHC/S, the regional office of the Cal OES, and CDPH and EMSA.

- The MHOAC or their designee [e.g. EMS Agency Duty Officer (DO)] will address any and all medical and/or health related issues.

- The EMS Agency DO will communicate any needs to the EMS Agency Administrator, DPH (or its DO), and DMH respectively, based on the nature of the incident or need.

- The EMS Agency DO will also serve as the **M/HB coordinator** in the CEOC when the MHOAC (EMS Agency Director) is not available. DPH and DMH staffing of the CEOC M/HB is incident/event specific and will be determined accordingly

- The MHOAC will help to coordinate medical and health resource requests that cannot be filled locally through routine channels during a significant event. This will be accomplished through local coordination and through consultation and assistance from the Region 1 RDMHC/S.

To accomplish the 17 functions specified in statute, the Los Angeles County MHOAC Program will have the following capabilities:

- Maintain a 24 hour-per-day, 365 day-per-year single point of contact for the MHOAC Program and provide contact information to the RDMHC/S Program who provides this information to CDPH and EMSA.

- Ensure that contact information is readily available to public health, mental health, and medical system participants within the OA.

- Provide redundancy through trained backup personnel during emergencies.

- Provide situational reports in accordance with the processes identified in this plan.

- Maintain a directory of Los Angeles County EMS Agency, DPH, DMH, the City of Long Beach Health and Human Services, City of Pasadena Public Health Department resources in addition to, including equipment, supplies, personnel and facilities within the OA.

- Coordinate the identification, acquisition, and delivery of public health, medical, and mental health mutual aid and assistance within the OA or other aid provided by other jurisdictions via the RDMHS/C Program.

- Utilize resource requesting and management procedures consistent with the California Public Health and Medical EOM.

- Support the Medical and Health Branch of the CEOC, if activated.

- Have a broad knowledge of the concepts and operations of all 17 functions and/or have established internal relationships with personnel who are considered subject matter experts (SMEs) and can consult during an emergency.

2.0 Concept of Operations

The EMS Agency Director is the MHOAC for Los Angeles County. The MHOAC has designated the EMS Agency's DO, also known as the Administrator on Duty (AOD), as the initial POC for the MHOAC

Program. Primary MHOAC duties will be incident driven and can be designated, by the MHOAC or the EMS Agency DO, to any of the lead DO's within the MHOAC group (DHS, DMH, DPH, including Pasadena and Long Beach Health Departments) tasked with planning for any of the 17 MHOAC functions. The Los Angeles County EMS Agency maintains a 24-hour, seven day a week (24/7) DO which can be accessed at: LAEMSAdutyofficer@dhs.lacounty.gov for routine messaging or if emergent by contacting the Medical Alert Center (MAC) at (562) 378-1789 and requesting to speak with the AOD.

The MHOAC Program is responsible for ensuring the development of the Medical and Health Disaster Plan in coordination with the:

- Los Angeles County Department of Health Services through the Emergency Medical Services Agency
- Los Angeles County Department of Public Health
- Los Angeles County Department of Mental Health
- Long Beach Health and Human Service
- Pasadena Public Health Department
- Regional Disaster Medical and Health Coordinator/Specialist
- Los Angeles County Office of Emergency Management

The EOM further cites the California Health and Safety Code, specifically Sections 8559 and 8560 of the Government Code that: "…at a minimum, the medical and health disaster plan, policy, and procedures shall include all of the following:

1. Assessment of medical needs.
2. Coordination of disaster medical and health resources.
3. Coordination of patient distribution and medical evaluation.
4. Coordination with inpatient and emergency care providers.
5. Coordination of out-of-hospital medical care providers.
6. Coordination and integration with fire agency personnel, resources, and emergency fire pre-hospital medical services.
7. Coordination of providers of non-fire-based pre-hospital emergency medical services.
8. Coordination of the establishment of temporary field treatment sites.
9. Health surveillance and epidemiological analyses of community health status.
10. Assurance of food safety.

11. Management of exposure to hazardous agents.

12. Provision or coordination of behavioral/mental health services.

13. Provision of medical and health public information protective action recommendations.

14. Provision or coordination of vector control services.

15. Assurance of drinking water safety.

16. Assurance of the safe management of liquid, solid, and hazardous wastes.

17. Investigation and control of communicable diseases.

2.1 Duty Officers

The EMS Agency's DO/AOD shall act as the initial point of contact for the MHOAC Program. Their duties shall include, but not be limited to:

1. Upon notification of an incident that may require MHOAC-related response, the EMS Agency DO shall determine:

    a. The level of response warranted
    b. Which department will be the lead and which will be support
    c. Contact the DPH and DMH DO's and provide status briefing
    d. Lead agency's DO will interface with RDMHC/S and be responsible for Situation Report (SitRep) development and frequency.

2. DOs will follow the guidelines and processes identified in the EOM to the degree possible during events.

3. DOs will adhere to their respective departmental policies regarding approval of resource requests, CEOC response/staffing, Department Operations Centers (DOC) activation, response to incidents in the field, contacting their administrations for policy-level decisions, etc.

2.2 County Emergency Operations Center

The Los Angeles County OEM is responsible for the OA EOC, also known as the CEOC. The M/HB is a branch of the Operations (OPS) Section. Staffing for the M/HB will be provided by the EMS Agency, DPH and DMH as necessary. The lead agency will be determined by the nature of the incident; (e.g. an infectious disease outbreak, DPH would lead), with other departments in support.

Upon CEOC activation, the MHOAC will contact the CEOC to determine if response to the CEOC is necessary. If response is warranted, the MHOAC or Liaison will report to the CEOC to assist in policy decisions and coordinate response activities. Upon arrival to the CEOC, MHOAC or Liaison will assume the M/HB Director and MHOAC responsibilities (unless DPH or DMH is lead), will communicate with the EMS Agency, DPH, and DMH DOs and direct activation of DOCs, if needed. DOC activities are described in the next section.

2.3 DHS, DPH, and DMH Department Operations Centers

When the DHS (operated by the EMS Agency), DPH, and/or DMH DOCs are activated, they will act in support of the M/HB of the CEOC and in accordance with the EOM, take direction from and receive approval for all resource requests and SitReps from the M/HB at the CEOC.

Coordination and communication are paramount to successful response to incidents. The OA Resource Request System (OARRS) is the primary method of communications between the M/HB and the respective DOCs. If OARRS is not available, alternate communications methods will be utilized (e.g. radios, landlines, mobile phones, e-mail, couriers, etc.).

All resource requests will be processed via OARRS utilizing the EOM resource request form. This form can be generated either at the CEOC or in a DOC at the request of the M/HB Director. Once completed, the form must be sent via OARRS to the CEOC to be processed. This will ensure that the CEOC Resource Manager receives the request and will start the mission number request process after obtaining written approval from the M/HB Director. The M/HB Director may forward the request to the Logistics Section at the CEOC or directly to the Region I RDMHC/S after ensuring the OPS Section Chief is apprised of the request and approves routing.

Due to the Life Safety nature of most medical/health resource requests, it is expected that the M/HB will provide the RDMHC/S an informal briefing regarding the imminent request while the formal request is being developed. This will prompt the RDMHC/S to start mobilizing the resources requested prior to receipt of the formal request to minimize delays.

3.0 MHOAC Primary Tasks

Several tasks are critical to the function of the MHOAC program and are highlighted below in the following sections that include an informational portion.

3.1 Notification, Activation, and Response

Incidents with a medical and public health impact will require communication and coordination with multiple county departments and stakeholder agencies. In Los Angeles County, the EMS Agency Director or the AOD fulfills the MHOAC position and serves as the 24/7/365 point of contact within the OA for information related to the medical and public health systems, state and regional partners, and for also maintaining the MHOAC Program's ability to initiate emergency response activities.

Triggers for Notification

Notification of the MHOAC is dependent upon the incident's complexity and severity. However, the following conditions are common triggers:

- An incident that significantly impacts or is anticipated to impact the OA's Medical and Health System;
- An incident that disrupts or is anticipated to disrupt the OA Medical and Health System;
- An incident where resources are needed or anticipated to be needed beyond the capabilities of the OA, including those resources available through existing agreements;
- An incident that produces media attention and/or is politically sensitive;

- An incident that leads to a regional or state request for information or mutual aid; and/or
- An incident in which increased information flow from the OA to the region and the state will assist in the management or mitigation of the incident's impact.

Levels of Response and Activation

The level of response activated by the MHOAC is scalable and reflective of the nature of the incident and its impact on the capacity of the medical and health system. The MHOAC will evaluate whether the OA should operate at a routine "day-to-day" level with DO status or, due to a single large event or cumulative effect of multiple smaller events, should operate at one of the following levels:

- Unusual Event/ Emergency handled within EMS or public health system *without* MHOAC
- Unusual Event/Emergency handled within OA with MHOAC
- Unusual Event/Emergency with another OA assisting MHOAC
- Unusual Event/Emergency with RDMHC, other regional OAs and MHOAC
- Unusual Event/Emergency with MHOAC, RDMHC, and State
- Catastrophic Event requiring Federal and State assistance, RDMHC and MHOAC

3.2 Situation Status and Reporting

The MHOAC is the principal POC within the OA for information related to incidents impacting the medical and health system. It is expected that the MHOAC Program will prepare the Medical and Health SitRep for the OA and share this information with the relevant County departments and stakeholder agencies, including the RDMHC/S, CDPH and/or EMSA DO Programs.

The MHOAC will submit an initial SitRep to the RDMHC/S within two hours of being aware of an event, either as a verbal report via telephone for fast moving events or as a written "Flash Report" for immediate notification. The MHOAC will send an updated SitRep at least one time during every operational period or when there is any change in status to the incident and include any significant changes and new resource needs.

3.3 Resource Requesting

The MHOAC coordinates resource ordering within the OA and through all available suppliers and local caches. General resource requests that are not medical and health in nature may be referred to local City EOC or the County EOC.

Per the California Public Health and Medical EOM, if the MHOAC cannot fulfill a request using local sources, they may request medical and health resources from outside of the OA via their Region's RDMHC/S Program.

If regional resources are inadequate or delayed, the RDMHC/S Program will forward the request to the State. If in-State resources are unable to fill the request in a timely manner, the State will request Federal assistance through Cal OES. Should the Strategic National Stockpile (SNS) assets be needed to support

the response to an event, acting through Cal OES, the Governor will request the SNS via the Department of Homeland Security.

Please be aware that while every effort will be made to obtain resources as quickly as possible, requesting entities should anticipate that the time from acceptance of a request to actual receipt of the resource may be 48-96 hours or longer, depending on the type and scope of the incident.

Resource Tracking

The MHOAC tracks all resources given and received in and outside of the OA. When receiving resources, the MHOAC must track receipt of the resource(s), condition of the resource(s), and anticipated return date/times.

In addition, a local entity providing resources may send an Agency Representative along with the resource(s) to coordinate with the respective liaison at the receiving agency or organization. The RDMHC/S tracks all resources between OAs within his/her region and to other regions.

Resource Management

The MHOAC will track the receipt, use, and distribution/dispensing of all equipment or supplies received by the OA. It is highly recommended that the MHOAC work in concert with OEM on utilizing existing electronic resource tracking systems (e.g., OARRS) or, if one is not available, developing spreadsheet templates (e.g., Excel) that could be used and shared across the OA. In addition to a tracking system or sheet, the MHOAC should also develop a Communications Plan [e.g., ICS 205 and/or 205(a) Form] for resource management that further enhances tracking capabilities (e.g., contact information for an Ambulance Strike Team enroute to your OA).

3.4 Medical and Health Mutual Aid System

To ensure adequate resources are available to meet the needs of the county/jurisdiction's OA medical and health response system, the MHOAC coordinates all medical and health resources within, into and out of your county/jurisdiction OA consistent with the California Public Health and Medical Health EOM. The MHOAC uses the EOM as a guide to coordinate response among multiple jurisdictions and to access disaster medical and health service response at all levels of government and the private sector.

The MHOAC is responsible for managing disaster medical resources, including personnel, equipment, and supplies. Resource management includes assessing disaster medical response needs, tracking available resources, and requesting or providing mutual aid. The status of local available resources within the OA is assessed before requesting outside resources or submitting a resource request to RDMHC/S. Following an assessment of local resources, the MHOAC may request or provide mutual aid as conditions warrant. The MHOAC acts as the single-point ordering authority for OA medical and health mutual aid requirements. If necessary, the MHOAC may also request the medical and health DOCs or CEOC to be activated to support the medical and health event.

The National Guard (NG) has medical support capabilities that provide mass casualty medical triage, initial stabilization for transport, medical search and extraction, and force health protection for NG members and the civilian population. The NG medical capability can be deployed in a variety of environments including an All-Hazards and Chemical, Biological, Radiological, and Nuclear (CBRN) environments and perform sustainable medical support for pandemic, terrorism, natural and man-made disasters. The medical capability can be requested through a coordinated Emergency Management Assistance Compact (EMAC) agreement as part of a larger response effort or it can be deployed

modularly with mission control or other support. Additional medical capabilities within the NG may be available and can be requested if needed. NG medical support is requested by state civil authorities with the California Military Department Joint Forces Headquarters.

Financial Reimbursement

Generally, entities are responsible for paying for any requested resources. If a "State of Emergency" or "Disaster" is proclaimed/declared, there may be financial relief available. If relief funding becomes available as part of the recovery process, documentation of all expenses is required to receive reimbursements or other forms of assistance. Ideally, pre-event MOUs and or agreements in place with partner agencies will expedite reimbursement.

In order to qualify for disaster-related assistance through state and federal programs, documented eligible expenses must be:

- Required as the direct result of the declared emergency or major disaster;
- Located within the designated area, except for sheltering, evacuation activities and mobilization centers, which may be located outside the designated disaster area;
- The legal responsibility of the eligible applicant at the time of the disaster
- Pre/Post-event agreements with procurement entity are required for reimbursements

3.5 Polling and Reporting

Coordination of patient distribution, bed polling and reporting (number and type), is the responsibility of the MHOAC program. Real time available bed polling is needed during an incident to optimize patient dispersal within the OA or upon the request of the RDMHC/S or State.

Hospital Capacity Polling

Hospital Available Beds for Emergencies and Disasters (HAvBED) was created by the federal government to standardize the terms for the various bed types found in hospitals when surveying available beds. The difference between a HAvBED and a Multi-Casualty Incident (MCI) poll is that HAvBED captures the number of staffed and available **in-patient bed types** (e.g. ICU, Medical Surgical, etc.) and an MCI polling captures how many triage-type (e.g. Immediate, Delayed, and Minor) **patients** an emergency department and hospital can accept. The information from HAvBED is used to gauge hospital capacity and possible strains on patient care or to plan for the receipt of evacuated patients or plan for hospital evacuation in anticipation of a significant disaster (e.g., Hurricane Katrina where hospitals in New Orleans were evacuated).

Polling of healthcare entities may include requesting Information about the following:

Bed Polling

- Bed availability polling for an MCI (e.g., by triage type – red/immediate; yellow/delayed; green/minor).
- Bed availability by bed type via HAvBED (e.g., by bed type including Medical / Surgical, ICU, O/R, Psychiatric, Burn, etc.).

- Bed availability within Skilled Nursing Facilities (SNFs) and Long Term Care (LTC) Centers by bed type (e.g., by gender, Isolation, Ventilator, Bariatric, Secured, etc.).

Reporting Situational Awareness

- Damage (e.g. infrastructure, utilities) to healthcare facilities (SitRep)
- Status of Healthcare Facility Command Center activation (SitRep)
- Emergency Department Status (e.g. Closed, Partial, Open) (HAvBED and/or SitRep)
- Evacuation Status (e.g. None, Partial, Full) (SitRep)
- Available Decontamination (HAvBED or SitRep)
- Surge of Psychological casualties in healthcare facilities
- Activation of Hospital Family Information (FIC)/Family Assistance Center (FAC)
- Other resource availability, including:
    - Staffed ventilators for adults and pediatric patients (HAvBED)
    - Implementation of various surge strategies (SitRep)
    - Anticipated staff shortages (SitRep)
    - Anticipated resource shortages including:
        - General medical supplies
        - Pharmaceuticals
        - Personal Protective Equipment (PPE)
        - Ancillary supplies to care for ventilator patients

Medical Transportation Resource Polling

The Los Angeles County Fire Department coordinates medical transportation polling through the Fire Operational Area Coordination (FOAC) program. The FOAC in collaboration with the MHOAC and designated private ambulance companies who provide transportation in an Exclusive Operating Area (EOA) conducts polls (surveys) to obtain ambulance availability in the event of an incident requiring a large ambulance response.

The FOAC will also coordinate with the RDMHC/S to request additional resources if local resources are insufficient. This collaboration enables the MHOAC Program to quickly facilitate additional medical transportation requests from another OA within or outside of Region I or VI.

3.6 Public Communication (Information and Warning)

The MHOAC program has adopted a series of communication processes that detail the flow of information sharing across the various departments within the MHOAC group (*see Communication Process Attachment*). Additionally, each department has adopted communication plans (*see Communications Annex*) based upon the departments mission to respond to and/or support routine activities or disaster incidents.

Each department can appoint their own PIO or designee to interface with the public, media, other agencies, and stakeholders to provide incident-related information, and updates based on changes in the status of the incident. Incidents that are complex in nature may require interface from other agencies and jurisdictions, as well as a unified command to ensure the release of accurate information.

All public information activity should be coordinated at the CEOC Joint Information Center (JIC), if activated. If not, Public Information Officer (PIO) activities will be handled per individual departmental policy.

Electronic version can be found at:

http://dhs.lacounty.gov/wps/portal/dhs/ems